

Public Health Assessment of Influenza Related Capabilities

Facility: _____

Address: _____ FAX Number: _____

Date of Evaluation: _____ Evaluator: _____ ☐ In-person ☐ TeleHealth ☐ Phone

Name and Title of Person Answering Survey Questions:

Key Contacts: (e.g. Lab director, Manager, Micro/virology supervisor, key scientists/techs).

Name/Title	Work Phone	Cell Phone	Pager	Email address
1.				
2.				
3.				
4.				
5.				

Laboratory 24/7 emergency contact information (if same as above, pl. use number from above)

Name/Title	Emergency phone	Email address
Primary:		
Alternate:		

TESTING performed at your facility: (check all that apply)

1. a. Rapid Influenza testing

b. Rapid testing - Influenza A/B Combo

c. Rapid testing - Differentiate A from B

d. Rapid testing - Name of Vendor/Kit used: _____

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

2. DFA

a. Influenza A

b. Influenza B

c. Other Respiratory Pathogens

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ List: _____

3. EIA/ELISA for Influenza A/B

☐ Yes ☐ No ☐ Unknown

4. PCR for

a. Influenza A

b. Influenza B

c. Influenza A: H subtyping

d. Influenza A: N subtyping

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

5. **Viral Culture**
- a. for Influenza A ☐ Yes ☐ No ☐ Unknown
- b. For Other Respiratory Viruses ☐ Yes ☐ No ☐ Unknown
6. **Serology** for Influenza A ☐ Yes ☐ No ☐ Unknown
7. Do you send your samples out for influenza testing? ☐ Yes ☐ No ☐ Unknown
- a. If YES: which tests do you send out for? ☐ DFA ☐ PCR ☐ Culture ☐ Other
8. a. Do you have an estimate of how many flu tests you would perform during peak respiratory season? ☐ Yes ☐ No ☐ Unknown
- b. If YES: approximately how many? _____

FACILITY INFORMATION

9. Type of Facility: ☐ Hospital Lab ☐ Clinic Lab ☐ Doctors' Office Lab
☐ Point-of-Care testing (where patients are seen) ☐ Reference lab
10. a. Total Number of employees at your facility (approximate) _____
b. Number who perform influenza testing: _____
c. Those that collect specimens from patients: _____
d. Support staff (billing, clerical, secretaries, janitorial etc.): _____
e. Staff who have direct contact with patients: _____
11. Does your facility have?
- a. BSL 2 Capability ☐ Yes ☐ No ☐ Unknown
- b. BSL 3 Capability ☐ Yes ☐ No ☐ Unknown
- c. BSL 3+ Capability ☐ Yes ☐ No ☐ Unknown
- d. Work done on bench top with shields ☐ Yes ☐ No ☐ Unknown
- e. Lab has only bench top space with no shields ☐ Yes ☐ No ☐ Unknown
12. If patient specimens are collected in lab,
there is appropriate place away from
other staff and/or patients to collect: ☐ Yes ☐ No ☐ Unknown
13. Clinic/Lab has Negative Pressure area or rooms
(Other than biosafety labs) ☐ Yes ☐ No ☐ Unknown
14. Does Lab have *current*:
- a. CLIA Certification ☐ Yes ☐ No ☐ Unknown
- b. Certificate of Waiver ☐ Yes ☐ No ☐ Unknown
15. Lab has security system: ☐ Yes ☐ No ☐ Unknown

PERSONNEL SAFETY:

16. Lab has a written biosafety plan in place: ☐ Yes ☐ No ☐ Unknown
17. Lab staff receives safety training at least annually: ☐ Yes ☐ No ☐ Unknown
18. Staff is provided with appropriate personal protective equipment:
- a. Lab Coats ☐ Yes ☐ No ☐ Unknown
- b. Gloves ☐ Yes ☐ No ☐ Unknown

- c. Eye Protection ☐ Yes ☐ No ☐ Unknown
d. N-95 Respirators ☐ Yes ☐ No ☐ Unknown
e. Staff has been fit-tested for respirators ☐ Yes ☐ No ☐ Unknown
19. a. Staff is offered annual influenza vaccination: ☐ Yes ☐ No ☐ Unknown
b. Workplace pays for vaccination: ☐ Yes ☐ No ☐ Unknown
c. Employees pay for vaccination: ☐ Yes ☐ No ☐ Unknown
20. There is a written fever check protocol in place for staff exposed to or working with respiratory specimens ☐ Yes ☐ No ☐ Unknown
21. Do you have a furlough (keep away from work) policy for employees that have a fever and illness? ☐ Yes ☐ No ☐ Unknown

PANFLU PREPAREDNESS PLANNING:

22. Lab has written Pan-Influenza Preparedness Plan: ☐ Yes ☐ No ☐ Unknown
23. Lab personnel were involved in the process of writing the PanInfluenza Plan for the parent organization: ☐ Yes ☐ No ☐ Unknown
24. Lab has plans to test at Alternative Patient Care facilities as part of your facility's preparedness plans. (this refers to a back-up or overflow area should the hospital or lab be shut down and the lab be required to do testing at an alternative site). ☐ Yes ☐ No ☐ Unknown
25. Approximately how many of your staff receive flu vaccinations every year? _____
26. Lab has done an assessment of the willingness of lab staff to come to work in the event of a pandemic influenza outbreak. ☐ Yes ☐ No ☐ Unknown
27. Lab has done assessment of surge capacity issues ☐ Yes ☐ No ☐ Unknown
28. a. Laboratory has personnel enrolled in the Utah Notification & Information System (UNIS): ☐ Yes ☐ No ☐ Unknown
b. If not, would they be interested in getting key personnel enrolled in UNIS: ☐ Yes ☐ No ☐ Unknown

PUBLIC HEALTH REPORTING & SURVEILLANCE

29. Who does your lab report Avian/Novel Influenza results to?
☐ Local health department ☐ State health department
☐ Utah Public Health Lab ☐ Other ☐ Unknown
30. Does the lab have a policy for sending positive influenza samples to the Utah Public Health Lab? ☐ Yes ☐ No ☐ Unknown
31. Comments? _____

Thank you!